said of the next measure employed, which is unfortunately a contribution to toxicology rather than to therapeutics. A gramme of a 10 per cent. solution of recently prepared sclerotic acid was injected into the spleen. Ten minutes later there was a severe rigor; the legs became rigid and intensely painful, the abdomen retracted, the extremities cold, the face cyanotic, the veins of the neck swollen, the breathing quick and purely costal, and the pupils dilated. Consciousness was unimpaired. The tetanoid attack lasted forty minutes. The temperature rose to 104° F. Abundant sweating followed, with vomiting and watery diarrhœa. The patient died a few hours later. The post mortem showed that, besides the enlargement of the spleen, the medulla of the bones was affected, but there was no disease of the glands. No trace could be found in the spleen of any effect of the punctures, and there were no adhesions of the organ to the abdominal wall. Death was apparently due to the rapid passage of the sclerotic acid into the blood, but Kussmaul is inclined to ascribe it rather to the rapid passage of the water containing the acid into the blood than to the acid itself. This was found by subsequent examination to be free from other toxic ingredients.

Mosler has tried the effect of injections of dilute carbolic acid and of Fowler's solution into a chronic splenic tumour. The result in Kussmaul's case led to careful precautions to avoid an untoward occurrence. Considerable benefit is said to have resulted from the treatment, although previous measures had been ineffectual.—*Lancet*, May 28, 1881.

Treatment of Diabetes Mellitus by Salts of Ammonia.

The treatment of diabetes mellitus with chloride or citrate of ammonia (recommended by Adamkiewicz, and said by him to reduce the sugar in one case as much as one ounce and four-fifths daily) has been repeated, but without satisfactory result (*Zetschr. für Klin. Med.*, Band i. Heft 3, p. 610), by **GUTTMANN**, in the case of a phthisical patient passing 6.4 per cent. of sugar in the urine. During the six days previous, the patient passed, on an average, 152 ounces of urine daily, containing 9 ounces of sugar; while during the five days that the ammonium chloride (two and a half drachms daily) was taken, the average daily amount of urine passed was 223 ounces, containing 14½ ounces of sugar; *i. e.*, 5½ ounces more sugar were excreted daily than before. In two further trials of five and three days each with the chloride and citrate of ammonia, the amount of sugar diminished only slightly—half to three-quarters of an ounce a day.—*British Med. Journal*, May 7, 1881.

SURGERY.

Langenbeck's Operation for Hare-lip.

Up to the present time **WOLFF** (*Arch. für Klin. Chir.*, Band xxv. p. 899) has made use of this method as an after-operation in adults, and in cases of incomplete hare-lip. The incision is commenced near the angle of the mouth, and is carried close above the margin of the lip (in this part very thick), it then mounts at the side of the fissure close above its upper limit (the border of the lip here being exceedingly narrow), from which point it is turned angularly downwards, carried along the side of the fissure and onwards almost to the other angle of the mouth. The two halves of the margin of the lip, joined in the centre by an exceedingly narrow bridge, now hang down in the shape of a long strip against the lower lip. The edges of the fissure are now approximated and united by two or three sutures put in from above downwards, and upon the basis thus formed the margin of the lip is modelled. The broad lateral portions are drawn inwards, the narrow central portion being gathered up, and so arranged as to lie exactly in the median line, thus internally to the lower extremity of the closed fissure, which is situated on one side. A small coil-like projection, formed by the narrow bridge of margin of lip connecting the two lateral portions, now touches the lower lip exactly in the middle line. Finally, the margin of lip is sutured throughout to the upper lip in its new connection. Wolff alleges that his method possesses the following advantages: 1. A good symmetrical result, by reason of the normal arrangement of the margin of the lip, and the shifting of the scar to the meeting point of the white skin and red lip-border; 2. A good functional result, the whole circumference of the mouth being provided with closing muscular fibres; 3. Pure operative advantage, since here, as in Nélaton's operation, not a morsel of the border of the lip is removed. The difference between his operation and Nélaton's consists in the more extensive separation and sliding of the margin of the lip, together with the gathering up of the central portion.—*London Med. Record*, May 15, 1881.

Removal of Foreign Bodies from the Larynx.

In a paper published in the *Annales des Malad. de l'Oreille, du Larynx, etc.*, for Dec. 1880, Dr. KRISHABER considers the different methods of removing foreign bodies which have become lodged on a level with the glottis, describes four cases in point, and finally arrives at certain conclusions. The cases are very briefly as follows: Case 1 was that of a workman, aged 36, with a fifty-centime piece lying horizontally across the vocal cords, with its margins engaged in the ventricles of Morgagni. It was removed by forceps, under guidance of the mirror, but was accidentally swallowed immediately afterwards. Case 2. A fifty-centime piece lodged in a similar position in the larynx of a man, aged 35. Tracheotomy was performed, and the coin removed some days afterwards, in the following manner: The canula having been removed, the coin was pushed into the mouth by means of a large sound passed through the tracheal wound, whilst the patient was in the horizontal position. In case 3, a flat piece of bone, fixed in about the same situation, was removed with forceps *per vias naturales*. Case 4. A girl aged 9 years had a copper ornament (of the size and shape of a silver twenty-centime piece) lodged in the larynx on a level with the vocal cords. It was removed by the following method. The child being laid on its back across a bed with its head hanging over the edge, the surgeon knelt down in front of it, and passed his left forefinger into the larynx, whilst with the right hand he introduced a slender pair of laryngeal forceps, and extracted the foreign body. In regard to the removal of foreign bodies from this situation, the author distinguishes two varieties of substances: first, those stuck into the mucous membrane, such as pieces of bone, fish-bones, pins, etc.; and secondly, bodies which do not adhere to the laryngeal walls, as coins, nuts, etc. The former, he recommends, should be removed *per vias naturales* without previous operation; the latter also *per vias naturales*, but only after the trachea has been previously opened, and, if necessary, plugged, in order to prevent the foreign body from falling into the trachea or bronchi.—*London Med. Record*, April 15, 1881.

Local Anæsthesia of the Larynx.

Professor SCHROETTER, who has not been able to produce anæsthesia of the larynx to his satisfaction by the use of bromide of potassium, tannin, ether-spray, subcutaneous injections of morphia, carbolic acid, etc., now uses Türck's method in a modified form, which he describes in the *Allgemeine Wiener Med. Zeit.*,